

Department of Veterans Affairs  
Veterans Health Services and  
Research Administration  
Washington, DC 20420

M-2, Part II  
March 12, 1990

1. Transmitted is a complete revision of Department of Veterans Affairs, Veterans Health Services and Research Administration Manual M-2, "Clinical Affairs," Part II, "Chaplain Service." Brackets have not been used to indicate the changes.

2. Principal changes are:

Changes have been made to totally revise M-2, Part II, Chaplain Service.

3. Filing Instructions

Remove pages

Insert pages

1-i through 6-8

1-i through 6A-1

4. RESCISSION: M-2, part II, dated February 23, 1966.

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Distribution: RPC: 1025  
FD

Printing Date: 3/90

DEPARTMENT OF  
VETERANS AFFAIRS

CLINICAL AFFAIRS  
Chaplain Service

M-2, Part II  
March 12, 1990

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Department of Veterans Affairs, Veterans Health Services and Research Administration Manual M-2, "Clinical Affairs," Part II, "Chaplain Service," is published for the compliance of all concerned.

John A. Gronvall, M.D.  
Chief Medical Director

Distribution: RPC: 1025  
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Printing Date: 3/90

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RESCISSIONS

The following material is rescinded:

COMPLETE RESCISSIONS

Manuals

M-2, part II, dated May 10, 1962, and change 1

M-2, part II, dated February 23, 1966

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CHAPTER 1. CHAPLAIN SERVICE IN VA (DEPARTMENT OF VETERANS AFFAIRS)

1.01 INTRODUCTION

a. General. In the establishment of a pluralistic/ecumenical Chaplain Service, VA has recognized the importance and value of pastoral care in the total care and treatment of medical center, nursing home, and domiciliary patients. The basic objective of the Chaplain Service is to plan, develop and direct a pastoral care program consistent with the overall mission of health care delivery in VA, VHS&RA (Veterans Health Services and Research Administration). This program of pastoral care, integrated into the total care and treatment program, assists in the accomplishment of this mission. Through Chaplain Service, VA provides for patients the opportunity for religious worship, personal ministrations and pastoral care.

b. Definitions. The following shall apply:

(1) The term facility refers to all hospitals/medical centers with hospital and domiciliary activities, nursing home care units and domiciliaries as well as satellite/outpatient clinics.

(2) The term patient refers to hospital/medical center, nursing home, domiciliary and outpatient veterans.

(3) Part-time chaplains will refer to clergypersons employed on less than a full-time basis who have pre-scheduled regular tours of duty for any portion of their workweek.

(4) Intermittent chaplains will refer to clergypersons employed on less than full-time basis with no pre-scheduled tours of duty. They will be utilized on an as-needed basis to supplement staffing and/or to facilitate flexible scheduling (Federal Personnel Manual, Inst. 321).

(5) Fee-basis chaplains will refer to those clergypersons who are compensated by fees for their services rendered in accordance with established personnel actions (see VHS&RA Supp., MP-5, pt. II, ch. 2, chg. 41, par. 2.12 and VHS&RA Supp., MP-5, pt. II, ch. 3, chg. 22).

(6) Contract chaplains will refer to clergypersons utilized on a contractual basis to provide chaplain coverage. Contracts may be let by Acquisition and Materiel Management Service either to individuals or members of religious orders (see par. 1.06h).

(7) The term pluralism/pluralistic shall refer to the state in which members of diverse ethnic, social, racial, cultural and religious groups exist with full equality side-by-side, while maintaining their individual identity and traditions. All chaplains must be able to give full affirmation and support to each other as well as to each individual patient.

(8) The term ecumenism/ecumenical shall refer to the state in which general or universal truths and traditions are blended into a working unit or service.

1.02 PURPOSE

The purpose of this chapter is to provide policy concerning the objective, organization, administration, program and procedures of VA Chaplain Service.

### 1.03 OBJECTIVE

The primary objective of the Chaplain Service is to provide for the spiritual welfare of the patients. Guidelines to accomplish this mission are as follows:

- a. A pastoral ministry to individual patients, which will involve establishing a relationship with patients.
- b. Ministry to patients and their families in crisis situations.
- c. Opportunities for ordinances, sacramental/ritualistic ministries and services for inpatient groups and individual inpatients.
- d. Pastoral counseling with patients, individually or in groups, and with family members when appropriate.
- e. Opportunities for religious worship in an appropriate setting.
- f. Working cooperatively with other disciplines in bringing about wholeness for the patients.
- g. Supporting management in the development of the overall mission of the facility.
- h. Providing other supportive services to aid in the total care and treatment of patients in outpatient clinics, community nursing homes, hospices, vet centers, those receiving hospital-based home care, etc.
- i. Providing bereavement counseling to veteran patients and family members, whether it is through personal pastoral care/counseling means in daily ministry or through more structured programming.
- j. Conducting funerals as requested and required, and as directed by the facility Director. (See par. 5.03).
- k. Working with veterans organizations and volunteers to enhance the total mission of the Chaplain Service and the facility.

### 1.04 ORGANIZATION AND ADMINISTRATION

a. Central Office. The Chaplain Service is located organizationally in the office of the Assistant Chief Medical Director for Clinical Affairs. Responsibilities of the Director, Chaplain Service, will include the following:

- (1) Advising the Secretary and the Chief Medical Director in the areas of religion and pastoral care as they relate to the veteran and family.
- (2) Formulating and recommending policies, plans and objectives for the Service and providing professional and technical support to facility Directors, Chiefs of Chaplain Services and all other VA chaplains.
- (3) Advising and collaborating with facility Directors on matters relating to the spiritual welfare and religious guidance of patients and families.

(4) Evaluating the Chaplain Services through program review visits to facilities, recommending appropriate program and staffing changes and suggesting equipment, facilities and personnel support commensurate with an effective Chaplain Service.

(5) Maintaining a roster of eligible applicants for chaplain positions and concurring in recommended selection of candidates for appointment according to VA policies, Office of Personnel Management regulations, professional qualifications and ecclesiastical requirements.

(6) Developing, maintaining and staffing VA National Chaplain Training Program.

(7) Developing and conducting orientation, training seminars and educational programs for newly-appointed chaplains, staff chaplains and Chiefs of Chaplain Service.

(8) Developing and supporting an annual National Chiefs' Conference to enhance leadership and accountability.

(9) Establishing requirements for and overseeing construction of chapels in conjunction with other elements of VA and developing standards for required supplies and equipment for conducting the religious programs.

(10) Maintaining liaison with ecclesiastical endorsing agencies, government agencies, veteran service organizations and various religious organizations.

(11) Maintaining liaison with the military Chiefs of Chaplains in the Department of Defense in order to facilitate sharing and mobilization.

b. Medical Care Facilities. In all VA facilities, the Chaplain Service is aligned under Clinical Services and it is appropriate to be supervised by the Chief of Staff.

(1) The Chaplain Service at health care facilities will establish a comprehensive, planned program of religious ministry to the patients. All chaplains will plan together an integrated pastoral care program to insure an optimum ministry to all patients. Patient pastoral care is the responsibility of all VA chaplains.

(2) Grade Structure

(a) Chaplains are normally appointed to Grade GS-11.

(b) To be eligible for a Grade GS-12, chaplains must meet the qualification standards set forth in VHS&RA Supplement, MP-5, part I, Appendix 338A, and time-in-grade requirements.

(c) Classification of chaplain positions to GS-12 will depend upon the duties and responsibilities assigned and performed as outlined in the Office of Personnel Management classification standards at the GS-12 level.

(d) Before recruiting for a position, the medical center must determine if the position has promotion potential beyond the in-hire grade level. If so, the specific promotion potential must be included in the vacancy announcement and the position description.

(e) Competition for promotion to Grade GS-12 may be required for those chaplains who were appointed to GS-11 positions which did not have known promotion potential to GS-12 already established and announced.

(f) Chief, Chaplain Service, positions will be established at health care facilities which have one or more full-time chaplains.

(g) The Chief, Chaplain Service, positions will be either GS-12 or GS-13, depending upon established classification criteria and assigned duties and responsibilities.

(3) Chief, Chaplain Service. In addition to the regular duties as chaplain, the Chief, Chaplain Service, manages Chaplain Service. The Chief functions under the guidance of the facility Director, Chief of Staff and Director, Chaplain Service, VA Central Office. Included in the duties of the Chief, Chaplain Service, are the following administrative and supervisory responsibilities:

(a) Develop programs for Chaplain Service with staff chaplains, coordinate and supervise the efforts of staff chaplains and determine and assign their schedule of work and tours of duty, fully considering the specific needs and forms of ministry of all faith groups.

(b) Plan, in cooperation with the chaplains, the future needs of Chaplain Service as they pertain to the budget (appropriated and non-appropriated), supplies, equipment, space and staffing, and supervise the implementation of these plans.

(c) Submit periodic reviews through appropriate channels, including performance plans and evaluations.

(d) Prepare and submit the required reports for the Chaplain Service. The Chief, Chaplain Service, is authorized to sign time and attendance reports.

(e) Serve as an advisor to the facility Director on matters of religion and pastoral care; coordinate the representation of each faith group in medicomoral ethics in staff decisions.

(f) Coordinate the Chaplain Service with other Services of the facility, to include orientation and education of all new personnel.

(g) Use effective delegation of duties and responsibilities as a management tool in accomplishing the mission of Chaplain Service, particularly when tensions in the dual functions of pastor and manager develop because of deadlines and time frames.

(h) Effect liaison with local religious communities and veterans service organizations and provide assistance and supervision for visiting clergypersons.

(i) Attend the regularly scheduled staff meetings of the facility Director and other staff meetings, as required, or designate a representative in their absence.

(j) Schedule monthly formal staff meetings to transmit pertinent information or communications received at other administrative or clinical staff meetings, and schedule sufficient informal meetings to provide adequate communication.

(k) Serve on committees or assign staff chaplains as requested or assigned, and as appropriate.

(l) Review the progress and/or problems of the total Chaplain Service.

(m) Notify immediately the Director, Chaplain Service, VA Central Office by teletype and telephone of the planned retirement or death of a chaplain under their supervision.

(n) Provide opportunities for continuing education of staff chaplains and maintain proper records of such training.

#### 1.05 STAFFING GUIDE

a. VA is committed to providing adequate staffing to accomplish the mission of the Chaplain Service. In meeting this objective, defined in paragraph 1.03, the services of full-time, part-time and intermittent chaplains (supplemented where required by fee-basis and contract chaplains) will be utilized to provide coverage as dictated by faith groups. Many factors, such as number of patients and proximity of wards/units, turnover rate, number of patients on the roster of seriously ill, number of surgical cases, etc., may increase the staffing needs.

b. Special programs, such as open heart surgery, oncology, spinal cord injury, alcohol and drug abuse, renal dialysis, organ transplant, blind and medical rehabilitation, hospice, geriatrics, respite care program, psychiatry, Post-traumatic Stress Disorder, HIV/AIDS, bereavement counseling and other programs will require additional trained staff to meet needs.

c. Extended care patients, such as community home patients, satellite outpatient clinic patients and hospital-based home care patients require the concern of Chaplain Service.

d. The Chief, Chaplain Service, and/or staff chaplains, as appropriate, are assigned to committees and to collateral duties. Time required will impact proportionately.

e. Much of the Chief's time must be spent, by necessity, on administrative and supervisory responsibilities. Additional staffing hours for pastoral care are needed to compensate for that portion of the Chief's time that is spent for administrative-supervisory responsibilities.

f. Following is a recommended staff-patient ratio for various facility units, categories of patients and facility functions for the purpose of factoring into the total staffing needs:

1 - 150	Domiciliary
1 - 150	Geriatric Program
1 - 100	Nursing Home Care Unit
1 - 60	General Psychiatry
1 - 60	General Medical and Surgical
1 - 30	Alcohol and Drug Dependence Program
1 - 20	Open Heart Surgery
1 - 20	Cardiac Care
1 - 20	Medical Intensive Care
1 - 16	Surgical Intensive Care
1 - 16	Hospice
1 - 14	HIV/AIDS (Special Ward)
3/4- 200	Funerals and Bereavement Counseling (Applicable where VA National Cemeteries are located)
1 - 240	Outpatient Visits (Equivalent to 50,000-75,000 visits per year)

In addition, administrative and ceremonial duties need to be factored in.

## 1.06 SELECTION AND APPOINTMENT

a. To be eligible for appointment as a chaplain in VA, a person must meet the qualifications for chaplains contained in VHS&RA Supplement, MP-5, part I, Appendix 338A.

(1) Must be a citizen of the United States.

(2) Must be an ordained clergyperson.

(3) Must have a Bachelor of Arts or Science degree (or its equivalent) from an accredited college or university plus Bachelor of Divinity degree (or its equivalent) from an accredited theological institution. Approximately 210 semester hours or more are required for such degrees. In most cases, the current equivalent of the Bachelor of Divinity degree is now termed a Master of Divinity, but requires the same amount of academic preparation.

(4) Must have at least 3 years of full-time clergy experience after ordination, in which the principal duty was as a clergyperson after completion of professional preparation; and

(5) Must have an ecclesiastical endorsement from the officially recognized national endorsing body of their religious community. The endorsement, which the applicant must furnish VA, is the written statement that the applicant's religious community certifies to the good standing as a regularly-ordained clergyperson of said religious community for the 12-month period prior to the endorsement. It also certifies that the individual so endorsed is, in the judgment of the endorsing body, qualified to represent said religious community in this specialized ministry.

b. Ecclesiastical endorsements for each chaplain assigned and on duty in VA must be renewed according to the practice of each endorsing body. Renewal of endorsement will be requested by the Director, Chaplain Service, VA Central Office and no action to secure such re-endorsement is necessary on the part of the assigned chaplain. Withdrawal or non-renewal of ecclesiastical endorsement will be sufficient cause for initiating separation action.

c. In selecting applicants for appointment to chaplain positions in VA, due consideration is given to whatever additional training or experience the applicant may have had which would equip the individual for work in VA facility and would enhance the prospect of an effective ministry.

d. All chaplain positions are centralized to the Chief Medical Director, per VHS&RA Supplement, MP-5, part I, chapter 250.

e. Part-time and intermittent chaplains interested in full-time employment may apply for specific vacancies announced in the WSB (Weekly Summary Bulletin) of Centralized Staffing System vacancies, which is available through their local Personnel Service. If there are no vacancies in the WSB for which they wish to apply, they may also inform the Director, Chaplain Service, VA Central Office, of their general interest in advance by letter.

f. The appointment of a chaplain to a specific facility is for an indefinite period of time. This is not, however, to preclude the reassignment of chaplains

from one facility to another by an appropriate line official. Reassignments are based on needs and for the good of VA. Chaplains interested in reassignment may apply for specific vacancies

announced in the WSB of Centralized Staffing System vacancies, which is available through the local Personnel Service. If there are no vacancies in the WSB for which they wish to apply, they may also inform the Director, Chaplain Service, VA Central Office, of their general interest, in advance, by letter.

g. Chaplains employed by VA may also communicate directly with Chaplain Service officials in Central Office to receive career counseling.

h. There are instances under usual employment procedures when it is not possible to employ a clergyperson to serve the specific religious needs of veterans in facilities. (Examples include long distances to travel, non-citizen status of the clergyperson, or, inability of one clergyperson to assume the total responsibility. It is possible under these circumstances to secure the needed religious ministry by a contract with a clergyperson, either as an individual, head of a parish or a member of a "religious house," but not with the "house" itself. In these instances, the medical facility Director will forward an SF-171, Application for Federal Employment, ecclesiastical endorsement and the proposed contract for the clergyperson under consideration to the Director, Chaplain Service, VA Central Office, for review and approval. This is not to be used as a substitute for full-time, part-time or intermittent chaplains. Contract format may be secured from Acquisition Management Service (93), VA Central Office. Contracts will be valid only during the incumbency of the endorsed person.

i. Although chaplain positions are in the excepted service, the provisions of the merit promotion plan for positions in the competitive service centralized to the Chief Medical Director (VHS&RA Supp., MP-5, pt. I, ch. 335, sec. C) have been adopted for use in internal placement actions on Chief, Chaplain Service, and staff chaplain positions.

j. Temporary appointments to chaplain positions may be made to meet short-term staffing needs. Where a continuing need exists, positions should be filled on a permanent basis.

#### 1.07 TRAINING AND EDUCATION OF CHAPLAINS

a. All newly-appointed full-time and part-time chaplains and, Chiefs of Service, will be accorded an opportunity to attend the National Chaplains' Training Program no sooner than 3 months and no later than 1 year from the date of the appointment.

b. Advanced training for chaplains may be provided by facilities with specialized health care programs, Regional Medical Education Centers, Clinical Pastoral Education Programs, universities and other institutions with departments of pastoral care.

c. Chaplains are expected to pursue continued study and self-improvement for professional development. When possible, they will attend professional meetings and seminars designed to improve their effectiveness as chaplains.

#### 1.08 CPE (CLINICAL PASTORAL EDUCATION) - AFFILIATED VA CHAPLAIN SERVICE PROGRAM

a. CPE programs exist in VA to help meet the increasing pastoral needs of veterans and to assist in providing resources for education and research.

b. Candidacy status will be accorded to facilities who request, and agree to fulfill, all the standards of the ACPE (Association for Clinical Pastoral Education) for the accreditation of a CPE center and designated program. After receiving candidacy status and fulfilling these standards the facility can apply for full accreditation.

c. The facility will provide all necessary resources at its own expense, i.e., financial, office space, secretarial services, classrooms, correspondence, etc., in accordance with its negotiations with the ACPE accreditation committee.

d. Facilities may be accredited to provide three levels of CPE training: Basic, Advanced and Supervisory CPE

(1) Facilities accredited at the Advanced level will be allocated three educational stipends for a 1-year CPE Internship at the equivalent of a GS-3 level.

(2) Centers accredited at the CPE Supervisory level shall be eligible to apply for one educational stipend at the GS-4 level for a 1-year CPE Supervisor-in-Training Resident through the Director of Chaplain Service, VA Central Office.

(3) All stipends shall be allocated through VA Central Office, Academic Affairs, as are other professional educational stipends.

e. The local CPE centers shall be affiliated with the National VA Chaplain School as satellite schools and shall provide National VA Chaplain School Certificates of Completion to students who complete CPE programs in local centers.

f. The Chief, Chaplain Service, in consultation with the CPE Supervisor/Program Director, shall select a CPE Professional Consultation Committee consisting of professional people of related fields from within the facility and the local community and upon which both shall sit.

g. A section shall be included in the CPE Supervisor's Chaplain position description that will specify the responsibilities of the CPE Supervisor/Program Director.

h. A National Veterans Affairs Clinical Pastoral Education Supervisor's task force shall be appointed by the Director, Chaplain Service, VA Central Office, consisting of the following members:

- (1) Director, Chaplain Service, VA Central Office.
- (2) Six CPE Program Directors
- (3) Two local Chiefs of Chaplain Service
- (4) The Director of the National VA Chaplain School
- (5) One Regional Director
- (6) One local Medical Center Director

(a) The task force shall examine issues related to CPE in VA and make annual recommendations to the Director, Chaplain Service, VA Central Office.

(b) Additional duties will also include periodic review of the Clinical Pastoral Education manual, including reviewing CPE Supervisor/Program Director's position description, plus duties as assigned by VA Central Office.

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## CHAPTER 2. THE CHAPLAIN

### 2.01 OFFICIAL TITLE

The official title of the clergypersons employed by VA is "Chaplain." In official communications the clergyperson will be addressed as "Chaplain," and will use the designation in signing official communications.

### 2.02 RESPONSIBILITIES AND PRIVILEGES

#### a. Responsibilities

(1) In accepting appointment as a VA Chaplain, the clergyperson assumes certain responsibilities. The chaplain is expected to display loyalty to the mission of VA and to the Chaplain Service and to observe the basic policies, regulations and procedures of VA and its Chaplain Service. The same code of good conduct which applies to all federal employees applies to the chaplain. As a clergyperson, the chaplain will be most circumspect in abiding by the spirit as well as by the letter of such regulations.

(2) The chaplain continues to be a clergyperson of the religious community and will not be required to perform any act or function contrary to the doctrine or practice of the religious community.

(3) It is the responsibility of the chaplain to see that the program fits into the total effort of the facility to provide total patient care. This will require cooperation and flexibility on the part of all chaplains.

(4) The chaplain's function is to provide a pastoral care to veterans and their families. They must not be assigned duties which conflict with their role of chaplain and pastoral caregiver. Chaplains, therefore, will not be assigned any duties which may require them to render judgment on the guilt, innocence or character of an employee or patient. Such duties include, but are not limited to, narcotics inspections, EEO investigations and investigations of employee conduct. Chaplains may, however, be required to conduct inquiries of chaplain-related activities or incidents.

(5) Full-time chaplains will not assume pastoral responsibility for a community congregation. Interest in community religious activities may occasionally lead chaplains to conduct services in the community, but this will not be done on a regular basis.

(6) Chaplains will be familiar with all regulations pertaining to VA employment. Chaplains will be aware of the provisions of MP-1, part I, chapter 4, paragraph 9, which provides that public addresses concerning VA matters given at national meetings must be coordinated with the area Director, Public Information Service,

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and that those given to local groups should be coordinated with the locally designated information representative.

(7) Chaplains will be concerned about the total needs of all veterans.

(a) This concern often will involve the physical and/or material needs of patients being discharged, outpatients, the homeless and other needy veterans.

(b) In response to these needs, chaplains will make every effort to aid veterans through referrals, within VA and/or in the community where assistance may be available.

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(c) Chaplains shall comply with all VA conduct regulations (see 38 CFR § 0.735-1 through § 0.735-85). For example, they generally shall not:

- (1) Become personally involved in the business affairs of a patient or ex-patient,
- (2) Become custodian of the funds of any patient or ex-patient, or
- (3) Become the guardian of any patient or ex-patient or the conservator of the estate of any patient or ex-patient unless the employee and the patient or ex-patient had a personal relationship that predate their VA contact or that lasted long after their VA contact.

The facts of each case must of course be examined individually.

(8) Recognizing the needs of staff for occasional counsel and assistance in crisis situations, the chaplain will be alert to these needs. Chaplain ministry will be performed in order to assist employees in the performance of their care of veteran patients and thus will be limited to emergency and crisis situations only. Staff members requiring in-depth or long-term counseling will be referred to community resources.

b. Special Privileges of Chaplains

(1) Federal courts recognize a privilege for confidential communications to clergy.

(2) Chaplains are authorized to communicate directly with the Director, Chaplain Service, VA Central Office, regarding matters of an ecclesiastical or professional nature.

2.03 ON-DUTY DRESS

No uniform has been prescribed for VA chaplain. The attire is generally a matter of regulation of the clergyperson's religious community and of individual determination. It will be in keeping with the dignity of the profession. Chaplains who do not wear distinctive apparel may wear an appropriate insignia identifying their profession and/or religious community.

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### CHAPTER 3. CHAPLAIN'S PROGRAM AND WORK

#### 3.01 GENERAL CONSIDERATIONS

a. The facility chaplain represents the religious community. By virtue of the training and experience as a health care specialist, they are aware of the spiritual and moral dimensions which often arise from the anxieties, problems and fears which accompany illness and disabilities. The chaplain will provide the kind of religious ministry and pastoral care that seeks to meet the needs of the whole person in their struggle for health and peace of mind. The chaplain should be sensitive to the variety of religious and cultural backgrounds of the patients to whom ministry is provided.

b. The chaplain may be involved in specialized programs for individuals and groups.

c. The chaplain will provide for public and private worship for inpatients in an appropriate setting.

d. The chaplain will be available to patients and families, especially in times of crisis.

e. The chaplain will recognize the necessity of prioritizing pastoral care responsibilities.

f. Chaplains who have special training and experience may be assigned to programs such as Drug Abuse, Alcohol Rehabilitation, Spinal Cord Injury, Hospice, HIV/AIDS, Day Treatment, and Mental Health.

g. Chaplains will attend regular Chaplain Service staff meetings for information and coordination of administrative and pastoral activities.

#### 3.02 COORDINATION

The Chief, Chaplain Service, will assist the individual chaplains in coordinating and fulfilling responsibilities in the therapeutic and administrative programs in the facility.

#### 3.03 USE OF VISITING CLERGYPERSONS

a. It is the duty of the assigned chaplain to make pastoral care available to all patients. When the ministry of a specific denomination or faith group, not represented by the appointed chaplains, is required, the appropriate clergy person in the community will be notified.

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b. Under no circumstances will visiting clergypersons, volunteer ministers or faith representatives be used as a replacement for the chaplain. Individual clergypersons are welcome to visit patients who are members of their parishes or congregations. The visiting clergypersons will be guided by the regulations of the facility and by the provisions of this manual.

c. All visiting clergypersons will be encouraged to clear their visits in the facility with Chaplain Service. This will enable the Chaplain Service to assist the clergypersons and the patients. They should see the patients in a central or easily accessible location when possible.

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d. General ward visitation by other than the Chaplain Service the general distribution of religious literature is prohibited.

e. National endorsing agencies having a sacramental or other unique religious ministry should certify representatives to provide such ministry. This ministry is an augmentation to pastoral care provided by the staff of the Chaplain Service. Certification from the clergyperson's official national endorsing agency will be sent to the Director, Chaplain Service, VA Central Office, who will forward the authorization to the facility Director to recognize the representative for the purpose of individual calls upon patients of the clergyperson's denomination or faith group. The Chaplain Service will extend cooperation to such representatives consistent with established religious programs of the facility.

f. An up-to-date listing of patients by their particular denomination should be available to certified clergypersons visiting under the provision of paragraph c.

#### 3.04 SCHEDULE OF WORK

a. A work schedule will be established for each chaplain based upon the needs of the facility.

b. A part-time chaplain, within the annual limitation of hours, will fulfill the normal duties of a chaplain.

c. All chaplains assigned to the facility shall be included in the planning and programming of the Chaplain Service.

d. The pastoral care needs of each facility may vary, but experience at most medical centers indicates the following general distribution of time:

(1) Fifty-five percent of the total workweek is directly related to the individual patient. The following is a breakdown of the average individual contacts.

(a) Visits to newly-admitted, seriously ill, pre- and post-operative patients. All patients in this category should be visited daily. Fifteen percent of the workweek or a total of 6 hours is devoted to this purpose.

(b) General pastoral visitation on units. The chaplain should visit these patients on an average of 1 1/2 times per week. Thirty percent or 12 hours of a 40-hour workweek will normally be devoted to this area of pastoral care.

(c) Personal counseling will require about 4 hours (10 percent) of the chaplain's workweek.

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(2) Forty-five percent of the chaplain's time will involve a ministry to patients in group settings. The following is a suggested breakdown of time and activities:

- (a) Conduct of services: 4 hours (10 percent) of the workweek.
- (b) Conduct of group activities, services on units: 6 hours (15 percent).
- (c) Consultations with staff and others: 4 hours (10 percent).

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(d) Community and family contacts: 2 hours (5 percent).

(e) Administrative matters: 2 hours (5 percent).

e. The schedule of work will include the time and place of services, ordinances, sacramental services and religious broadcasts. It should also include the schedule for ward visitation, time for official counseling, special programs and administration. This schedule is understood to be flexible to provide for unforeseen situations. A chaplain will be readily available for emergency calls at all hours, and this responsibility should be shared by all chaplains and rotated equally. A roster of chaplains and times of their availability should be placed with the switchboard operator and other appropriate persons. The chaplain should be provided a pager in order to be reachable through an emergency call system during duty and non-duty hours (see M-1, pt. I, ch. 14, pars. 14.09 and 14.10).

f. The Chief, Chaplain Service, will maintain an operational and procedural manual. This manual will list detailed information on the total program including the following areas:

(1) Schedule, location, and physical setting of all services, including seasonal or special services.

(2) Storage places for essential chapel and chaplain's equipment.

(3) Available organists, choirs, soloists and others.

(4) Volunteers and arrangements with them for their services.

(5) Persons and organizations interested in the chaplain's program.

(6) Chaplain's schedule of meetings with staff and others.

(7) Local ministerial groups and special contacts as well as other community relationships.

(8) Any information that the chaplain believes will contribute to the continuity of the program and which will prove helpful to a successor or replacement in an emergency.

### 3.05 TOUR OF DUTY

a. Full-time and part-time chaplains are required to work a regular tour of duty which meets the needs of the patients and the facility, established in advance and approved by the Chief, Chaplain Service.

b. All full-time chaplains shall be on duty on a given day each week to provide for a formal chaplains' staff meeting at least once a month. All non-full-time

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chaplains shall be encouraged to attend this monthly meeting. Informal staff meetings should be held weekly to build communication, staff relationships and deal with other needs and problems on a regular basis.

c. Established tours of duty and changes will be properly authorized and recorded on VA Form 4-5613, Time and Attendance Report, reflecting periods of duty and absence in accordance with provisions of M-4, part II, chapter 1, section C.

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d. When required to make emergency calls outside scheduled duty hours, such time will be recorded on VA Form 4-5613. Overtime and compensatory provisions of the Federal Employees Pay Act and applicable provisions of MP-5 will apply. Compensatory time will be treated judiciously by chaplains with full recognition of their professional responsibilities to patient coverage. Compensatory time should be used as soon as possible after being earned, but not later than the end of the 7th pay period following the pay period in which it was earned (see MP-5, pt. I, ch. 610, par. 7b.).

## 3.06 WORSHIP

## a. Chapel Services

(1) The conduct of services of worship and administration of the sacraments and ordinances in the facility are the responsibility of the Chaplain Service. The form of worship will be determined individually by the chaplains, keeping in mind the varied religious backgrounds of the veteran population. Chaplains may provide denominational type services after meeting the general worship needs of their faith group. Chaplain Service will guarantee the free exercise of religion for all patients.

(2) When necessary the Chaplain Service will make adequate arrangements for providing services for other faith groups.

(3) Weekday, afternoon and evening services, both in the chapel and other areas of the facility, should be effective, desirable and creative.

(4) When consecutive religious services are held in the same chapel, it is necessary to provide a reasonable time interval between services. This is especially important when services of different faith groups follow an earlier service.

(5) Chapels should be arranged with easy access for all patients and adequate space provided for wheelchairs and litters.

(6) Services shall normally be no longer than 45 minutes.

(7) Chaplains shall arrange for appropriate music for services.

(8) The use of worship bulletins is encouraged.

b. Other locations. When difficulty exists in bringing patients to the chapel, arrangements should be made to hold services in other locations. Chaplains should seek appropriate space and proper ecclesiastical appointments for such services.

## 3.07 GROUP ACTIVITIES

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a. The Chaplain Service may arrange instruction classes, Bible Study, devotional and discussion groups, visual aid programs and other suitable activities.

b. The Chaplain Service shall participate in the multidisciplinary approach to patient care. This may involve chaplains in their leadership and/or participation in various group activities.

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3.08 PASTORAL CARE AND MINISTRY

a. The chaplain will visit newly-admitted patients as a priority ministry. Visitation within the first 24 hours of the patient's admission is encouraged.

b. The chaplain will be available to all patients during regular ward visitations.

c. In the initial interview the chaplain will offer to establish a relationship with the patient which may lead to pastoral counselling or care. The patient should receive all pertinent information regarding the Chaplain Service Program and location of chaplains' offices and chapel(s).

d. Pastoral care of the seriously ill is paramount. The chaplain will record the initial visit to seriously ill patients in the medical record, e.g., the nurses' "Kardex," VA Form 10-2911, Patient Care Summary, as appropriate. The chaplain's notation should be easily identified. When attending the dying, the chaplain will provide pastoral care to the patient and any relatives and friends who may be present.

e. There are several different approaches of various faith groups and denominations in providing pastoral care to the seriously ill and to the families at the time of death. The Chief, Chaplain Service, will coordinate with the Chief, Medical Administration Service, procedures regarding the notification of the chaplain when a patient is placed on the seriously ill list, or in the event of death. Chaplains will assume responsibility for the decision as to the response that is required. To facilitate prompt notification, each chaplain should have a pager and be on the medical center call system. The Chief, Chaplain Service, will make certain that all involved personnel are informed of these policies (see VHS&RA Manual M-1, pt. I, ch. 14, par. 14.07).

f. Many of the chaplain's contacts will be with patients who have not previously been associated with a religious community. The mission of the chaplain is to include all patients in their ministry. A period of hospitalization is often a time of reappraisal of a person's whole life. Repeated contacts through regular visitation may give the chaplain the opportunity to provide pastoral care.

g. While the chaplain will try to serve all those who can profit from pastoral care, they will not proselytize or attempt to win patients from their established religious loyalties. Ministry will not be imposed upon those who do not desire it.

3.09 RELATIONSHIP TO THE RELATIVES OF PATIENTS

a. The chaplain will be readily available to meet with relatives and friends of patients when they visit the facility. Chaplains may counsel at VA facility members of a veteran's immediate family, a veteran's legal guardian, or the

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individual in whose household the veteran lives or certifies an intention to live where:

(1) The counseling is essential to the treatment and rehabilitation of a hospitalized veteran or the outpatient treatment of a veteran's service-connected disability;

(2) The counseling was initiated during a veteran's hospitalization and its continuation on an outpatient basis is essential to permit the veteran's discharge from the hospital; or

(3) The counseling was being provided at the time of a veteran's unexpected death or a veteran's death while the veteran was participating in VA hospice or similar program and

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its continuation is provided for a limited period as determined to be reasonable and necessary to assist the individual with the emotional and psychological stress accompanying the veteran's death. (See 38 U.S.C. § 601(5)(B), (6)(E)(i)).

The Chaplain's Office will be clearly marked.

b. Inquiries concerning the patient's medical condition will be referred to the physician. The chaplain will seek to understand the underlying motives for such inquiries and will deal with them with an appropriate pastoral attitude.

c. Chaplains will not routinely send letters or make phone calls to next-of-kin or to pastors located where a patient resides to notify them of a patient's hospitalization. Should the chaplain deem a personal contact appropriate, it will be made only with the expressed consent of the patient, after consultation with the treatment team leader or the Chief of Staff. Under no circumstances will confidential information be disclosed in such communication (VA Regulations and Federal Laws).

d. When a letter of condolence is deemed appropriate, it will be written on an individual basis and will be coordinated with the official letter of condolence prepared by management.

e. A critical or censorious attitude toward the facility or toward its personnel will not be expressed to relatives. Conditions which, in the judgment of the chaplain need to be corrected, should be discussed with the Chief of Staff, facility Director or other appropriate managerial staff members.

f. Criticism of the facility or its personnel expressed by relatives or friends should be heard without argument. When such criticism is due to lack of information, it may be answered with factual statements and proper referrals made when appropriate.

g. The chaplain will not be asked to use undue influence to obtain consent for autopsies. The chaplain's role in relation to the families of deceased patients is that of interpreter of religious requirements of the particular faith group concerned. The final decision for autopsy consent normally rests with the family or guardian.

### 3.10 CHAPLAIN SERVICE AND MEDICAL ETHICS

a. Chaplain Service is best qualified to offer leadership and guidance in the field of medical ethics. To accomplish this responsibility:

(1) The Chief, Chaplain Service, must be familiar with all the multi-faceted legal, medical and religious implications relative to the ethical questions arising within the facility's clinical setting.

(2) Each chaplain must be prepared to discuss and give guidance to any professional staff, patient or patient's family requesting information regarding the relationship of these ethical issues to their respective religious community's ethical and religious standards.

b. Chaplain Service is there to aid and support the professional staff in its difficult ethical decisions and when requested, to help formulate, educate and implement standards and criteria for making such decisions in a systematically consistent manner.

c. Chaplain Service is not to assume the role of monitor, judge or ombudsman with respect to any ethical decisions not directly related to its own professional duties and responsibilities.

### 3.11 ADJUSTMENT OF WORK SCHEDULE FOR RELIGIOUS OBSERVATION

a. To assure freedom of religious expression, field facility policies should reflect the provisions of Public Law 95-390 (September 29, 1978) which authorizes adjustment of work schedules for religious absences (5 U.S.C. Sec. 5550a, "Compensatory Time Off for Religious Observances").

b. Employees of faith groups having distinct and designated days of sacred observance should be given opportunity to observe such days in an appropriate fashion.

c. Employees may use either compensatory time and/or annual leave.

d. If the mission of the medical facility is adversely affected, an appropriate discretion should be used.

e. The Chief, Chaplain Service, will be responsible for:

(1) Maintaining a calendar of holidays.

(2) Informing management regarding the days of religious obligation.

(3) Supporting faith group chaplains in publicizing the religious programs and schedule of events.

(4) Special services and programs will be held at all facilities on Veterans Day, Martin Luther King, Jr. Day, the Day of Remembrance for the Holocaust and POW-MIA Day.

(5) Other programs as needed by the veteran population will be conducted.

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#### CHAPTER 4. AIDS FOR THE RELIGIOUS PROGRAM

##### 4.01 PUBLICIZING THE PROGRAM

a. Publicizing of the chapel program is necessary for patient information and use. A schedule of religious services will be posted on ward bulletin boards and in other suitable areas.

b. Posters, directional signs, bulletin board announcements, columns in facility newspapers, facility public address systems and closed circuit TV systems may be appropriately used.

##### 4.02 USE OF VISUAL AIDS

a. Visual Aids can enhance a pastoral counselling program. The responsibility for appropriate selection and review rests with the chaplain. Care and sensitivity should be exercised in their proper use.

b. If the equipment for the presentation of the visual aids is not part of the chapel inventory, it should be made available from other services.

c. Payment for the rental or purchase of visual aid materials should be budgeted and paid for from appropriated funds. Occasional use of General Post Funds for this purpose is permitted.

##### 4.03 CLOSED CIRCUIT BROADCAST SYSTEM AND TV SYSTEM

In facilities with a closed circuit broadcasting or TV system, the chaplain has an excellent resource available to extend pastoral counselling to patients. Chapel services, daily devotions, scripture reading and religious music programs are some of the programs that can be offered.

##### 4.04 VOLUNTEER ASSISTANCE

a. Volunteers play an important role in the chaplain's program of worship services, small group activities and individual patient support. Volunteers assist and augment the Chaplain Service staff but they do not replace the chaplain or the Chaplain Service secretary. Procedures describing volunteer activities are outlined in M-1, part III. Chaplains should be familiar with these provisions and cooperate with the Chief/Director of Voluntary Services in the proper use of volunteers. The Chaplain Service will be represented at VA Voluntary Service meetings.

b. Under the supervision of the chaplain, WOC (without compensation) chaplain interns, theological students or others in training may be utilized to assist and augment in areas which are the specific responsibility of the regular chaplain as

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outlined in paragraph 1.03. Sacramental and extraordinary eucharistic ministers also perform their specific ministries under the supervision of the chaplain. Any questions in regard to this should be directed to the Director, Chaplain Service, VA Central Office.

#### 4.05 USE OF RELIGIOUS LITERATURE

a. The chaplain may make available religious publications, books, magazines, pamphlets or other suitable reading material for the use of patients. Scriptures will be

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available to these inpatients. The chaplain will exert appropriate care and sensitivity to respect the religious preferences of the individual patient.

b. Chaplains will review all religious literature prior to distribution for material that may interfere with patients' medical care such as proselytizing material and material which involves offensive references to race. There will be no indiscriminate distribution of religious materials in the facility.

c. The facility librarian will refer unsolicited donations of religious materials to the chaplain for disposition. If the chaplain chooses to make available unsolicited donations of religious material to inpatients, the chaplain should not give preferential treatment to material from certain religious groups. Instead, the chaplain should treat all such material the same except that material which may interfere with patients' medical care such as material which is offensive to a race or creed should not be used.

d. Literature racks will be placed in the proximity of the chapel or in the chaplain's office. Such racks will be appropriately identified, kept clean, current and in good order. They will be monitored by the chaplains.

e. Appropriate religious literature may also be displayed in special units or locked wards.

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## CHAPTER 5. ADMINISTRATIVE POLICIES

### 5.01 CHAPEL AND ITS USE

a. The chapel, or a room set aside specifically for use as a chapel, will be reserved exclusively for religious purposes. Such chapels will be appointed and maintained as places for meditation and prayer. Existing chapel space will not be altered without concurrence from the Director, Chaplain Service, VA Central Office. Rooms where the eucharistic host is reserved shall not be used by any other faith group.

b. When no chapel exists, but where a room or hall allocated for other purposes is used for religious services, every effort will be made to have this room furnished to provide an atmosphere for worship. Assistance in the re-arranging of this room for services and the returning of it to its general function will be provided by management.

c. The construction of chapels for the exclusive use of a particular faith group is contrary to policy (see OP. Sol 644-647). The facility director may designate a building or a room for the use of a particular faith group as the need is indicated.

d. The chapel or room used for services will be properly prepared in advance of the appointed hour for worship. At the conclusion of the service, the chapel (or room) will be prepared for the succeeding service, if one follows immediately. Otherwise, the chapel will be arranged for private devotions for all patients. Symbols of a denominational nature will be removed.

e. Arranging for the comfort of patients at the chapel requires particular attention. Provisions will be made for wheelchair and other non-ambulatory patients to enable them to attend the worship services.

f. The use of lighted candles during religious services is permitted. It is the responsibility of the chaplain to eliminate possible fire hazards. All altar draperies must be fireproofed. The use of votive lights of all types is prohibited at facilities where a eucharistic room is maintained. An electric sanctuary light (lamp) must be approved by the Safety and Fire Protection Officer.

### 5.02 OFFICIAL CHAPEL FLAGS

Standard American, Christian and Jewish chapel flags are available in VA depots and flags may be obtained through regular requisition procedures. The Christian flag has a white cross imposed upon a blue field. The Jewish flag has the Tablets of Moses in Hebraic numerical characters surmounted by the Star of David imposed upon a blue field.

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5.03 FUNERALS

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a. Funerals at VA medical center facilities for VA beneficiaries who died while receiving VA care are the responsibility of the facility Director. An appropriate chaplain may be delegated the responsibility for funerals. When interment is made in a National Cemetery, unless arrangement has been made by the next-of-kin for another clergyperson, the chaplain may conduct the funeral. Chaplains shall notify their Directors

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when performing funerals at National Cemeteries for veterans who were not receiving VA care when they died. This will permit Directors to arrange for reimbursement to the medical care appropriation from the general operating expenses appropriation. When a clergyperson, not employed by VA, is to conduct the service, the facility chaplain will offer any needed assistance and be present on such occasion when the facility chapel is used.

b. The chaplain may officiate at non-VA funerals during duty hours only when specifically authorized to do so by the facility Director.

c. The chaplain will guard against being drawn into any situation where they displace the proper official or officiant in the community.

d. When a United States flag drapes the casket at a committal service conducted by VA chaplain, the flag will be properly folded following the ceremony and presented to the next-of-kin. The flag is presented in behalf of the United States by the officiating chaplain, military honor guard, or other appropriate person.

5.04 FUNDS

a. Appropriated Funds. Prior to each fiscal year, the Chief, Chaplain Service, will determine the budget requirements, both current and projected, for the Chaplain Service for submission to the facility Director, including all planned purchases and employment needs, subject to appropriated funds.

b. General Post Funds. The Chief, Chaplain Service, will, when necessary, prepare a budget for the use of monies in the General Post Funds available to the Chaplain Service. This budget will be submitted to the facility Director (see VHS&RA Supp., MP-4, pt. VII). General Post Fund monies may be used to purchase:

(1) Expendable items such as religious literature for distribution to patients, copies of the Scriptures, missals, mass leaflets, prayer books, yarmulkes (skull caps), taleysim (prayer shawls), and other religious articles.

(2) Nonexpendable items of equipment which are not normally part of the equipment purchased by other VA funds.

c. Donations to the General Post Fund. VA Manual MP-4, part V, chapter 2, section I and VHS&RA Supplement to MP-4, part VII, chapter 4, set forth the policies and procedures for accepting, handling, and using donations to the General Post Fund. These policies should be followed except where this manual otherwise.

(1) VA chaplains are authorized to accept gifts and donations on behalf of VA:

(a) For the benefit of the religious needs of the patients at their facility and

(b) To support all Chaplain Service activities at their facility.

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Chaplains receiving gifts and donations of funds will turn such funds over to the agent cashier immediately, or as soon as practicable if received during non-duty hours, and will instruct the agent cashier to deposit the funds into the General Post Fund. Chaplains

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must also instruct the agent cashier for what purpose, if any, the donor intended the funds to be used. Donors may designate that funds be used for patients of a particular faith group. Unless donors specifically designate the purpose of their gifts and donations, gifts and donations received by chaplains shall be earmarked to support the activities of the facility's Chaplain Service.

(2) Where it is customary to accept an offering at the VA chapel, a receptacle may be placed at an appropriate place in the chapel to permit visitors to contribute if they desire.

(3) The Chief, Chaplain Service, at each facility may authorize the withdrawal and expenditure of funds in the facility's General Post Fund earmarked for the benefit of the religious needs of the patients at their facility and to support Chaplain Service activities at their facility. Appropriate records of expenditures made shall be maintained.

(4) Although VA Chaplains have in the past maintained a chaplain's fund, there is in fact no basis in law for maintaining such a fund. The General Post Fund is, however, available for donations to VA for the religious needs of VA patients. Accordingly, all funds in a chaplain's fund should be transferred to the facility's General Post Fund earmarked for Chaplain Service activities or returned to the donor.

(5) Equipment or articles which a VA chaplain procures with General Post Fund monies, except for such items distributed to patients for their personal use, shall be designated VA property.

(6) Gifts and donations received for religious purposes will not be used for the following:

(a) Employment of personnel (except for honoraria for organists, choristers, or soloists for occasional services rendered).

(b) Remuneration of clergy to cover chaplain responsibilities during regular off-duty hours of the employed chaplain (except for honoraria to clergy who provide religious services on a nonrecurring basis).

(c) The personal or private use of the chaplain.

(7) Chaplains shall not take custody of, or maintain in any manner, patients' funds.

(8) VA chaplains shall not personally accept gifts or gratuities where such acceptance would violate VA conduct regulations (see 38 CFR § 0.735-11). For example, a VA employee generally may only accept gifts from a VA patient or ex-patient where the employee and the patient or ex-patient had a personal

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relationship that predated their VA contact or that lasted long after their VA contact. The facts of each case must be examined individually.

5.05 SUPPLIES AND EQUIPMENT

a. It is the policy of VA to provide the equipment and supplies necessary to carry out the mission of the Chaplain Service, except as follows:

(1) Religious articles to be used in the Chaplain Service which must be blessed, sanctified or consecrated according to the regulations of the chaplain's religious community, cannot be purchased from appropriated funds.

(2) Vestments and ritual garments used by a chaplain, if purchased by the chaplain from personal funds, will be the property of the chaplain. If these items are donated for the use of the Chaplain Service and are not to be blessed, consecrated or sanctified according to the practice of a particular faith, they will become the property of VA. Choir robes may be purchased from appropriated funds and will remain the property of VA.

(3) If vestments and articles used in the religious services are blessed, sanctified or consecrated according to the practices of the religious community of which the chaplain is a member, they do not become the personal property of the chaplain or the property of VA. These are the property of the ecclesiastical endorsing agency of the chaplain concerned and placed at the field facility by the agency on a continuous loan basis. The chaplain of the faith group concerned will be the responsible custodian of these articles and will care for them according to the practices of the religious community. VA property will not be blessed or consecrated.

(4) All articles used in the Chaplain Service which are on loan from an ecclesiastical endorsing agency will be listed on a memorandum forwarded to the Acquisition and Materiel Management Officer. When the chaplain is transferred or separated, the Acquisition and Materiel Management Officer will inventory these articles and provide for their proper security until a new chaplain is assigned. The new chaplain will then be given custody of these items.

#### 5.06 FACILITIES

Standards for the construction or provision of chapel and chaplain facilities in VA medical centers and domiciliaries are set forth in H-08-09, Planning Criteria for Medical Facilities, chapter 208, paragraph 208.05 as follows:

- a. Nave;
- b. Chancel (including altar and choir);
- c. Eucharistic room;
- d. Devotional room;
- e. Sacristy, other storage and choir robing;
- f. Offices;
- g. Patient toilet facilities;
- h. Staff lounge and toilets; and

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i. Housekeeping aids closet.

Chaplain offices should be large enough to accommodate wheelchairs and litters in order to provide privacy for counseling with patients.

5.07 CHAPLAIN SERVICE SECRETARY

a. The secretary will be the secretary to the Chief, Chaplain Service, and will provide secretarial service to all chaplains. This work will be supervised by the Chief, Chaplain Service.

b. With respect to confidential matters, the secretary will be governed by the same ethics as the chaplain.

c. Because of the confidential nature of the chaplain's work, the secretary's office will be a separate unit within Chaplain Service.

d. Staffing Pattern

<u>Number of Beds</u>	<u>Secretarial Coverage</u>
100 - 249	1 Secretary
250 - 449	1 Secretary
500 - 1499	1 Secretary
1 Secretary 1500 -	2 Secretaries

e. A facility with two divisions should have one secretary at one division and either one secretary or clerk-typist at the other division.

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CHAPTER 6. REPORTS AND RECORDS

6.01 CHAPLAIN SERVICE: VA FORM 10-7347, AUTOMATED MANAGEMENT INFORMATION SYSTEM (AMIS)

a. Purpose. This report provides administrative census and workload data concerning chaplain activities. This data must be accurate. It is essential for program evaluation and administrative and planning purposes.

b. Procedure. Each facility chaplain will submit workload data on VA Form 10-7347a, Monthly worksheet (AMIS). A consolidated report of all staff chaplains' activities will then be submitted for each facility via the AMIS report. Detailed reporting procedures and a description of data elements may be found in VA Manual MP-6, part VI, Supplement No. 1.2, chapter 45.

c. Reports Control System. RCS 10-0059 is assigned.

6.02 CHAPLAIN'S FUND: VA FORM 10-7347b (AMIS)

a. Purpose. This report provides an account of all receipts, disbursements and balances of each facility chapel fund for the reporting period.

b. Procedure. A report for every faith group fund at each facility will be prepared and submitted on VA Form 10-7347b (AMIS) semi-annually for the periods ending March 31 and September 30.

6.03 CHAPLAIN NARRATIVE: VA FORM 10-7347c (AMIS)

a. Purpose. The Chaplain's Narrative Report provides a detailed explanation of work for the past six months. This report provides statistical and narrative data relative to the operation of the Chaplain Service Program.

b. Procedure. Each facility chaplain will complete and submit the individual Narrative Report to the Chief.

c. Distribution and Forwarding Date

(1) A consolidated report will be prepared by the Chief and will be signed by all chaplains.

(2) The consolidated report will be submitted to the facility Director for comments, approval and signature. The report will be forwarded to Central Office by the close of business the eleventh workday after the end of the period.

(3) The Chief will retain the consolidated copy and the original report submitted by each staff chaplain.

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d. Frequency and Report Period. The Narrative Report will be prepared semi-annually for the periods ending March 31 and September 30.

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e. Instructions for Data Entry. Except where stated otherwise, all entries will be in narrative form.

(1) Section 1. Professional Activities Outside Medical Center. Describe all types of professional activities encountered outside the medical center, e.g., guest preaching, addresses to organizations, etc. Part-time chaplains will not report activities related to their parish responsibilities.

(2) Section 2. Items of Interest. Describe any items to be shared with other chaplains in the interest of improving pastoral care (e.g. new and effective programs using visual aids, etc.).

(3) Section 3. Significant Problems. Describe any significant problems encountered during the period which were related to the Chaplain Service Program. Do not report the problems of patients. State succinctly both problems and recommendations for their resolution.

(4) Section 4. Number of Days of Leave. State the number of days of annual, sick and military leave and authorized absence for each chaplain during the period.

(5) Section 5. Change of Status. For chaplains who have been promoted, are on extended sick leave, have retired or resigned or who may have died during the period, list the names and indicate the nature of the changes.

(6) Section 6. Continuing Education Program. Specify the type and give the number of hours spent during the period in training experiences, including in-service.

(7) Section 7. Roster of Less Than Full-time Chaplains. List the names of all chaplains. Give the number of hours per annum of part-time and intermittent chaplains. Give the number of visits or funding allocation for contract or fee-basis chaplains. (To be reported by the Chief, Chaplain Service, only).

f. Tour of Duty and Schedule of Work. A copy of the tour of duty and schedule of work in effect on the reporting date for each full-time and part-time chaplain will be submitted with the consolidated copy of the narrative report for that period. Each schedule will be clearly identified with the facility name, chaplain's name and the RCS (Report Control Symbol).

g. Reports Control System. RCS 10-0017 is assigned.

6.04 ADMINISTRATIVE AIDS

a. VA Form 10-7012, Chaplain's Card

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(1) A card file containing patient information is authorized to be established and maintained in the chaplain's office. VA Form 10-7012, Chaplain's Card, will be used for this purpose.

(2) The space on the Chaplain's Card which is not used by Medical Administration Service may be utilized by the chaplain to record items concerning ministry to the veteran (e.g. visits, administration of the sacraments, prayers, devotions and interviews).

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(3) The chaplain is also authorized to maintain a file of 3" x 5" cards containing information necessary for ward visitation.

(4) VA Form 10-7012 and the 3" x 5" cards used for ward visitation will be disposed of in accordance with VHS&RA Records Control Schedule 10-1 after determination has been made by the chaplain in possession of the cards that disposal is appropriate. Due to the confidential nature of the information contained on these cards, strict adherence to disposition regulations is required.

b. The maintenance of files by individual chaplains, or for individual faith groups shall be a matter of local determination.

c. The chaplain will be furnished with the daily "Gains and Losses" Report, the seriously ill list, the surgery schedule and other pertinent information for an effective ministry.

d. The chaplain will be furnished with a daily computer print-out listing patients by faith groups giving ward location, room number and bed number.

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Figure 1. VA Form 10-7347, Chaplain Service Code Sheet

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Figure 2. VA Form 10-7347a, Chaplain's Worksheet (Monthly)

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Figure 3. VA Form 10-7347b, Chaplain's Fund Code Sheet

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Figure 4. VA Form 10-7347c, Chaplain Narrative Report

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Second page Figure 4.

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Figure 5. VA Form 10-7012, Chaplain's Card

CODES FOR RELIGIOUS PREFERENCES

- 00 Roman Catholic
- 01 Jewish
- 02 Orthodox (Greek, Russian, Eastern)
- 03 Baptist
- 04 Methodist
- 05 Lutheran
- 06 Presbyterian
- 07 United Church of Christ (Congregational, Evangelical and Reformed)
- 08 Episcopal (Anglican)
- 09 Adventist
- 10 Assemblies of God
- 11 Brethren (Dunkers)
- 12 Christian Science
- 13 Church of Christ
- 14 Church of God
- 15 Disciples of Christ (Christian)
- 16 Evangelical Covenant (Mission Covenant)
- 17 Friends (Quakers)
- 18 Jehovah's Witnesses
- 19 Latter Day Saints (Mormon)
- 20 Muslim (Mohammedan, Islam)
- 21 Nazarene
- 22 Other Religions
- 23 Pentecostal
- 24 Protestant, Other (Any protestant group not listed)
- 25 Buddhist
- 26 Reformed (Protestant Reformed; Christian Reformed)
- 27 Salvation Army
- 28 Unitarian; Universalist
- 29 Unknown/No Preference